

Warning Letter for Not Receiving Treatment for Active TB

<Date>

<Patient Name>

<Patient Address>

RE: Health Officer's Warning Notice for Not Receiving Treatment

Dear <Patient Name>,

I have been informed by <Name of Physician or Clinic Director> that you have been diagnosed with pulmonary (lung) tuberculosis (TB) and that you are being treated for TB by <Name of Physician/Clinic>. <Name of Physician/Clinic> has also informed me that your treatment will include directly observed therapy until your treatment is completed, along with additional examinations required by your health care provider.

Since <Date> you have not followed this treatment plan and have violated your tuberculosis (TB) treatment contract. You also have refused all efforts from <Name of Staff Member/Agency> to help you follow this treatment plan. Efforts to help you follow your treatment plan have included several visits and telephone calls to your home by representatives of the <Name of Clinic/Agency> on the following days <Dates and Times>, as well as reminders of appointments mailed to your home on <Date(s)>. <Name of Clinic/Agency> has offered you helpful items and support to be sure that you receive treatment. In addition, you have been educated about your health condition, and you have been made aware of the consequences to yourself and others who may be exposed to tuberculosis (TB) if you do not follow your treatment plan.

Public health laws of the state of Colorado (CRS 25-4-501) require that you follow the treatment plan as recommended by your health care provider. This letter is a **warning** that if you fail to follow your treatment plan, you will be subject to further legal action that will include a written **order** to follow your treatment plan. If you still fail to follow your treatment plan, the state will request a court order to keep you at a treatment facility until medical tests show that you cannot spread tuberculosis (TB) to others (CRS 25-4-507).

To avoid further legal actions against you, please call <Name of Clinic/Agency> at () - within <Number> days of receiving this letter to set up an appointment to continue your treatment plan. The <Name of Clinic/Agency> staff will help you in any reasonable way to make sure your disease is cured.

We appreciate your cooperation.

Sincerely,

<Name>

<Title>

CC: <Clinic/Agency Director>

